

To make a donation to Hospice of Guernsey, Inc. please complete the following information and mail this form along with your payment to:

*Hospice of Guernsey, Inc.
P.O. Box 1165
Cambridge, Ohio 43725*

Your Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

I am making this contribution in loving memory of:

(Name of Loved One or Friend)

Amount enclosed: \$ _____

May we notify the family of your generous remembrance?

Family's Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____